

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Department of Consumer Affairs			
Division, Department, or Region (if applicable)			
Legal Affairs			
Street Address			
1625 N. Market Blvd., Suite S 309			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(916) 574-8220	Albert_Balingit@dca.ca.gov		
Agency Contact (name and title)			
Albert Balingit			

2. Donor Name and Address

<input type="checkbox"/> Individual _____ Last Name First Name		<input checked="" type="checkbox"/> Other California District Attorneys' Association Name
921 11th Street, Suite 300	Sacramento	CA 95814
Address	City	State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 5/29/09 \$ 912.35
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Diego

<u>4/28/09-5/1/09</u>	\$ <u>30.00</u>	\$ <u>782.35</u>	\$ _____	\$ <u>100.00</u>	\$ <u>912.35</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Attendance at Consumer Protection Prosecution Conference. Three nights lodging for one employee and two nights lodging for one employee at \$139 plus tax per night. An Excess Lodging Rate Request was filed in advance. \$30 for taxis. \$100 for airport parking.

Identify the officials for whom the payment was used:

<u>Dobbs</u>	<u>Dianne</u>	<u>Staff Counsel</u>	<u>Legal Affairs</u>
Last Name	First Name	Title	Department/Division
<u>Powell</u>	<u>LaVonne</u>	<u>Sr. Staff Counsel</u>	<u>Legal Affairs</u>
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

<u>Doreatha Johnson</u>	<u>Doreatha Johnson</u>	<u>Deputy Director, Legal Affairs</u>	<u>8/18/2009</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)